

STATE OF MAINE
QUARTERLY REPORT FORM FOR STORAGE FACILITIES OF WASTE OIL

Section 1: Identification

Name of Storage Facility:

EPA Identification Number if applicable:

Mailing Address:

Maine Storage Facility License Number:

O-

Section 2: Reporting Period (Please Check One)

Year: 20____	____ 1 st Quarter (January 1-March 31)	Report due on April 30
	____ 2 nd Quarter (April 1-June 30)	Report due on July 31
	____ 3 rd Quarter (July 1 – September 30)	Report due on October 31
	____ 4 th Quarter (October 1-December 31)	Report due on January 31

Section 3: Total of Fees Owed for the Reporting Period

(from Section 5, Line E)

\$_____

Section 4: Payment Instructions and Certification Statement

Make the check for the full amount payable to: **Maine Hazardous Waste Fund** and mail along with the Quarterly Report to:

Department of Environmental Protection
Bureau of Remediation and Waste Management
17 State House Station
Augusta, ME 04333-0017
ATTN: Hazardous Waste Transporter Program

“I certify that the information provided herein is accurate and complete to the best of my knowledge. I understand that there are substantial penalties for filing a false report or failing to remit fees owed to the Hazardous Waste Fund by its due date.”

Date:

Signature:

Telephone Number:

Printed Name and Title

Section 5: Quarterly Report and Computation of Fees

List the date, amount of waste oil in gallons, and class for each shipment of waste oil made during the reporting period on the worksheets provided (Attachments 1 through 3) and enter the total number of gallons for each category of waste oil below. Completing all portions of the report will fulfill the requirement of Chapter 860, Section 13(C) (Quarterly Report of all waste oil collected, transported, stored or delivered for the quarter). If a storage facility receives waste oil from a source that has not already paid the fee, then it must be reported in Box C and the fees paid pursuant to Chapter 860, Section 14(B). Multiply the Fee Rate by the Total in Gallons to calculate the fees owed.

A. **Quantity in Gallons of Waste Oil Received** (from Attachment 1) _____

B. **Quantity in Gallons of Waste Oil Delivered from Facility** _____
(from Attachment 2)

C.			
	Storage Facility Fees	Fee Rate	Total in Gallons Fees Owed
	Quantity of waste oil received directly from a waste oil generator or from a transporter who is not a waste oil dealer	\$0.02	(from Attachment 3)

D. **Additional fees for late payment** _____
(NOTE: If the fees are 6 months or more overdue, three times the original fee is due)

E. **Total of Items C through D** _____

For further information contact the Division of Materials Management at (207) 287-7688.

FOR DEP USE ONLY:

Date received: _____ Check Number: _____
Amount received: _____ Audit performed: OK NOT OK
Date of Audit: _____
Initials of Auditor: _____

ATTACHMENT 1
Worksheet for Waste Oil Received at Facility from All Sources

Date Received	Type of Oil (crankcase, industrial, etc)	Class (Spec or Off-Spec)	Quantity in Gallons
		Total	

ATTACHMENT 2

Worksheet for Waste Oil Delivered from Storage Facility

Date Received	Destination	Bill of Lading or Manifest Number	Class (Spec or Off-Spec)	Quantity in Gallons
			Total	

ATTACHMENT 3

Worksheet for waste oil received directly from a waste oil generator or from a transporter who is not a waste oil dealer

ATTACHMENT 3

Worksheet for waste oil received directly from a waste oil generator or from a transporter who is not a waste oil dealer

Date Collected	Generator Name and Location (city and state)	Bill of Lading Number	Class (Spec or Off-Spec)	Quantity in Gallons
			Total	